

# Louisiana Department of Insurance

**Physical Address**

1702 North Third Street  
Baton Rouge, Louisiana 70802

**Mailing Address**

Post Office Box 94214  
Baton Rouge, Louisiana 70804-9214

## Property & Casualty Transmittal Document

(Form Filings and Rate/Rule Filings are to be made separately)

### 1. Reserved for Insurance Department Use Only

### 2. Insurance Department Use only

- a. Date the filing is received:
- b. Examiner:
- c. Date Assigned:
- d. Disposition:
- e. Date of Disposition of the filing:
- f. State Filing No.:
- g. SERFF Filing No.:

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC No.</b>

<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC No.</b>	<b>FEIN No.</b>

<b>5.</b>	<b>Company Tracking Number</b>	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone No.	FAX No.	E-mail

**Filing information** (see General Instructions for descriptions of these fields)

<b>7.</b>	<b>State Specific Product code(s)</b>		
<b>8.</b>	<b>Program Title</b> (Marketing title)		
<b>9.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	<input type="checkbox"/> Initial Filing  <input type="checkbox"/> Revised Filing
<b>10.</b>	<b>Effective Date(s) Requested</b>	New:	Renewal:
<b>11.</b>	<b>Adoption Filing?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Non-Adoption
<b>12.</b>	<b>Name of Filing Organization</b>		
<b>13.</b>	<b>Filing Identification No. &amp; Title</b>		
<b>14.</b>	<b>Submittal Date of Filing</b>		
<b>15.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

## Property & Casualty Transmittal Document

16.	This filing transmittal is associated with Company Tracking No.	
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17.	Filing Description - This area should be similar to the body of a cover letter and is free-form text
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18.	Filing Fees – demonstrate how you calculated the filing fees
<p>Number of Products: Check Number: Amount:</p> <p><b><i>PLEASE ATTACH CHECK TO COVER LETTER</i></b></p>	

# FORM FILING SCHEDULE

This form must be completed for all form filings  
(Does not apply to adoptions)

1.	This filing transmittal is associated with Company Tracking No.				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form No. Include edition Date	Replacement, Withdrawn or New	If replacement, give form No. it replaces	Previous LA DOI filing number
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> New		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> New		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> New		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> New		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> New		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> New		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> New		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> New		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> New		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> New		

To be complete, a form filing must include the following:

1. Required filing fee, per product, per insurance company; required filing fee per endorsement filing; per insurance company; or required filing fee per filing adoption, per designation, per insurance company;
2. A completed Transmittal document (LA DOI – PCTD);
3. A completed Form Filing Schedule Document (PC FFS);
4. Forms filed for approval;
5. Statement of Compliance for said product(s);
6. Duplicate set of the policy forms filing, as filed for approval;
7. Explanation of any rate/rule impact, with a copy of any rate/rule approval letters issued by the department, if none, so state; and
8. Stamped, self-addressed envelope of sufficient size for use in returning the company's set of the policy forms filed, unless filed electronically.

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing.)**

<b>1.</b>	<b>This filing transmittal is associated with Company Tracking No.</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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☐ Rate Increase    
 ☐ Rate Decrease    
 ☐ Rate Neutral (0%)    
 ☐ Rule Filing

<b>3.</b>	<b>Overall percentage rate impact for this filing</b>	
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<b>4.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	
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<b>5.</b>	<b>Effect of Rate Filing – Number of policyholders</b>	
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<b>6.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>7.</b>	<b>Rate Change by Company</b>		
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Company Name	Percentage Change	Effect of Rate Filing	
		No. of policyholders for this program	Written premium change for this program

<b>8.</b>	<b>Overall percentage of last rate revision</b>	
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<b>9.</b>	<b>Effective Date of last rate revision</b>	
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<b>10.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	
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11.	Exhibit Name/Description /Synopsis	Rule No. or Page	Replacement or withdrawn?	Previous LA DOI filing number
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRS) (Do not refer to the body of the filing for the component/exhibit listing.)
2. A completed Property & Casualty Transmittal Document (LA DOI PC TD)
3. One copy of all rate/rule components/exhibits submitted with the filing
4. The appropriate state review requirements, if required
5. The appropriate filing fees, if required
6. A postage-paid, self-addressed envelope large enough to accommodate the return.

**EXHIBIT A.1  
LOUISIANA EXPERIENCE ONLY**

Filing Company(ies): \_\_\_\_\_  
 Line of Business and program: \_\_\_\_\_  
 Coverage(s): \_\_\_\_\_

**EXPERIENCE UNDERLYING RATE REVISION FILING**

(All Data should be submitted on a Direct Accident Year Basis Net of Salvage and Subrogation.)

**Accident Year Data Evaluated as of:** \_\_\_\_\_

The data for each Accident Year MUST be given in full 12 Month Accident Years ending December 31.						
	Calendar Accident Year	Calendar Accident Year	Calendar Accident Year	Calendar Accident Year	Calendar Accident Year	ALL YEARS
	1/1 through 12/31 of (Latest Year - 4)	1/1 through 12/31 of (Latest Year - 3)	1/1 through 12/31 of (Latest Year - 2)	1/1 through 12/31 of (Latest Year - 1)	1/1 through 12/31 of (Latest Year)	COMBINED
<b>TOTAL TRENDED ON LEVEL EARNED PREMIUM CALCULATION</b>						
(1) WRITTEN PREMIUM	\$	\$	\$	\$	\$	\$
(2) EARNED PREMIUM	\$	\$	\$	\$	\$	\$
(3) POLICY FEES	\$	\$	\$	\$	\$	\$
(4) INSTALLMENT FEES	\$	\$	\$	\$	\$	\$
(5) OTHER FEES AND CHARGES	\$	\$	\$	\$	\$	\$
(6) TOTAL EARNED PREMIUM (2 + 3 + 4 + 5)	\$	\$	\$	\$	\$	\$
(7) CURRENT RATE LEVEL FACTOR						
(8) ADJUSTED EARNED PREMIUM (6 x 7)	\$	\$	\$	\$	\$	\$
(9) PREMIUM TREND FACTOR						
(10) TRENDED EARNED PREMIUM (8 x 9)	\$	\$	\$	\$	\$	\$
<b>EXPENSES AND INVESTMENT INCOME</b>						
(11) INCURRED ADJUSTING AND OTHER EXPENSES (OR ULAE)	\$	\$	\$	\$	\$	\$
(12) INCURRED DEFENSE AND COST CONTAINMENT EXPENSES (OR ALAE)	\$	\$	\$	\$	\$	\$
(13) UNDERWRITING EXPENSE RATIO <sup>A</sup>						
(14) INVESTMENT INCOME RATIO <sup>B</sup>						
<b>ULTIMATE UNDERWRITING RATIO CALCULATION</b>						
(15) PAID LOSS (EXCLUDING ALL LAE)	\$	\$	\$	\$	\$	\$
(16) CASE RESERVES (EXCLUDING ALL LAE)	\$	\$	\$	\$	\$	\$
(17) INCURRED LOSS (EXCLUDING ALL LAE) (15 + 16)	\$	\$	\$	\$	\$	\$
(18) INCURRED LOSS RATIO (EXCLUDING ALL LAE) ( 17 / 6 )						
(19) INCURRED LOSS DEVELOPMENT FACTOR						
(20) ULTIMATE COMBINED RATIO (((17 + 12) x 19) + 11)/6 + 13)						
<b>ADJUSTED AND PROJECTED OPERATING RATIO CALCULATION</b>						
(21) INCURRED CATASTROPHE LOSSES (EXCLUDING ALL LAE) {Optional}	\$	\$	\$	\$	\$	\$
(22) INCURRED SHOCK LOSSES (EXCLUDING ALL LAE) <sup>C</sup> {Optional}	\$	\$	\$	\$	\$	\$
(23) EXPECTED CATASTROPHE INCURRED LOSSES (EXCLUDING ALL LAE) {Optional}	\$	\$	\$	\$	\$	\$
(24) EXPECTED SHOCK INCURRED LOSSES (EXCLUDING ALL LAE) {Optional}	\$	\$	\$	\$	\$	\$
(25) LOSS TREND FACTOR						
(26) ADJUSTED AND PROJECTED ULTIMATE LOSS + LAE (((17 - 21 - 22 + 12) x 19) + 23 + 24 + 11) x 25)	\$	\$	\$	\$	\$	\$
(27) ADJUSTED AND PROJECTED OPERATING RATIO ((26 / 10) + 13 - 14)						

<sup>A</sup>: Underwriting Expense Ratio is defined in this exhibit as all underwriting expenses (excluding loss adjustment expenses, profit, and investment income) to premiums.

<sup>B</sup>: Investment Income Ratio is defined in this exhibit as the total incurred calendar year return on all investments to earned premium.

<sup>C</sup>: Any other large, unexpected losses.

**EXHIBIT A.2  
COUNTRYWIDE EXPERIENCE ONLY**

Filing Company(ies): \_\_\_\_\_  
 Line of Business and program: \_\_\_\_\_  
 Coverage(s): \_\_\_\_\_

**EXPERIENCE UNDERLYING RATE REVISION FILING**

(All Data should be submitted on a Direct Accident Year Basis Net of Salvage and Subrogation.)

**Accident Year Data Evaluated as of:** \_\_\_\_\_

The data for each Accident Year MUST be given in full 12 Month Accident Years ending December 31.						
	Calendar Accident Year	Calendar Accident Year	Calendar Accident Year	Calendar Accident Year	Calendar Accident Year	ALL YEARS
	1/1 through 12/31 of (Latest Year - 4)	1/1 through 12/31 of (Latest Year - 3)	1/1 through 12/31 of (Latest Year - 2)	1/1 through 12/31 of (Latest Year - 1)	1/1 through 12/31 of (Latest Year)	COMBINED
<b>TOTAL TRENDED ON LEVEL EARNED PREMIUM CALULATION</b>						
(1) WRITTEN PREMIUM	\$	\$	\$	\$	\$	\$
(2) EARNED PREMIUM	\$	\$	\$	\$	\$	\$
(3) POLICY FEES	\$	\$	\$	\$	\$	\$
(4) INSTALLMENT FEES	\$	\$	\$	\$	\$	\$
(5) OTHER FEES AND CHARGES	\$	\$	\$	\$	\$	\$
(6) TOTAL EARNED PREMIUM (2 + 3 + 4 + 5)	\$	\$	\$	\$	\$	\$
(7) CURRENT RATE LEVEL FACTOR						
(8) ADJUSTED EARNED PREMIUM (6 x 7)	\$	\$	\$	\$	\$	\$
(9) PREMIUM TREND FACTOR						
(10) TRENDED EARNED PREMIUM (8 x 9)	\$	\$	\$	\$	\$	\$
<b>EXPENSES AND INVESTMENT INCOME</b>						
(11) INCURRED ADJUSTING AND OTHER EXPENSES (OR ULAE)	\$	\$	\$	\$	\$	\$
(12) INCURRED DEFENSE AND COST CONTAINMENT EXPENSES (OR ALAE)	\$	\$	\$	\$	\$	\$
(13) UNDERWRITING EXPENSE RATIO <sup>A</sup>						
(14) INVESTMENT INCOME RATIO <sup>B</sup>						
<b>ULTIMATE UNDERWRITING RATIO CALCULATION</b>						
(15) PAID LOSS (EXCLUDING ALL LAE)	\$	\$	\$	\$	\$	\$
(16) CASE RESERVES (EXCLUDING ALL LAE)	\$	\$	\$	\$	\$	\$
(17) INCURRED LOSS (EXCLUDING ALL LAE) (15 + 16)	\$	\$	\$	\$	\$	\$
(18) INCURRED LOSS RATIO (EXCLUDING ALL LAE) ( 17 / 6 )						
(19) INCURRED LOSS DEVELOPMENT FACTOR						
(20) ULTIMATE COMBINED RATIO (((17 + 12) x 19) + 11)/6 + 13)						
<b>ADJUSTED AND PROJECTED OPERATING RATIO CALCULATION</b>						
(21) INCURRED CATASTROPHE LOSSES (EXCLUDING ALL LAE) {Optional}	\$	\$	\$	\$	\$	\$
(22) INCURRED SHOCK LOSSES (EXCLUDING ALL LAE) <sup>C</sup> {Optional}	\$	\$	\$	\$	\$	\$
(23) EXPECTED CATASTROPHE INCURRED LOSSES (EXCLUDING ALL LAE) {Optional}	\$	\$	\$	\$	\$	\$
(24) EXPECTED SHOCK INCURRED LOSSES (EXCLUDING ALL LAE) {Optional}	\$	\$	\$	\$	\$	\$
(25) LOSS TREND FACTOR						
(26) ADJUSTED AND PROJECTED ULTIMATE LOSS + LAE (((17 - 21 - 22 + 12) x 19) + 23 + 24 + 11) x 25)	\$	\$	\$	\$	\$	\$
(27) ADJUSTED AND PROJECTED OPERATING RATIO ((26 / 10) + 13 - 14)						

<sup>A</sup>: Underwriting Expense Ratio is defined in this exhibit as all underwriting expenses (excluding loss adjustment expenses, profit, and investment income) to premiums.

<sup>B</sup>: Investment Income Ratio is defined in this exhibit as the total incurred calendar year return on all investments to earned premium.

<sup>C</sup>: Any other large, unexpected losses.

## EXHIBIT B

### CHECKLIST FOR CONSIDERATIONS IN ACTUARIAL SUPPORT

Each company should provide actuarial support for its overall requested rate change based upon its Louisiana experience, to the extent credible. The company can follow any sound actuarial methodology to determine the indicated change. Companies can supplement their Louisiana experience with information believed to be reasonably similar. It is not acceptable to adopt a rating organization's loss costs without due consideration being given to the company's own experience.

**Check each item which is applicable to this filing's actuarial calculations or supporting exhibits. Each item considered should be explained in an attached actuarial memorandum. RETURN A CHECKED COPY OF THIS FORM WITH EACH RATE FILING.**

- ☐ Actuarial memorandum is attached
- ☐ Actuarial methodology is described
- ☐ This filing represents a change in actuarial methodology since last filing
- ☐ Actuarial methodology considered Louisiana experience
- ☐ Actuarial methodology considered multi-state experience
- ☐ Actuarial methodology considered countrywide experience
- ☐ 3-years of Louisiana underwriting expense experience is attached
- ☐ 3-years of countrywide underwriting expense experience is attached
- ☐ 3-years of countrywide loss adjustment expense experience is attached
- ☐ Current rate level calculation is attached
- ☐ Premium trend calculation is attached
- ☐ Current benefit level calculation is attached
- ☐ Salvage and subrogation offsets are included in actuarial experience
- ☐ Excess or large loss adjustment is attached
- ☐ Catastrophic loss adjustment is attached
- ☐ Hurricane modeling interrogatories are attached or on-file with the LIF
- ☐ Consideration of reinsurance arrangements and their impact on rates is attached
- ☐ Loss development calculation is attached
- ☐ Credibility methodology and formulas are described in actuarial memorandum
- ☐ Calculation of investment income attributable to policyholder surplus is attached
- ☐ Loss trend calculation is attached
- ☐ Actuarial support for territorial revisions are attached
- ☐ Actuarial support for classification revisions are attached
- ☐ Actuarial support for expense constant revision is attached
- ☐ Actuarial support for minimum premium revisions are attached
- ☐ Actuarial support for policy fee (or similar charges) revision is attached
- ☐ Other considerations (describe each in the actuarial memorandum)

## Exhibit C.1

Company Name: \_\_\_\_\_

NAIC Number: \_\_\_\_\_

1. Rating Service filing reference number (s): \_\_\_\_\_

2. Line, Subline, Coverage, Class, etc. - combination to which this page applies:

\_\_\_\_\_

3. Loss Cost Modification

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:  
(CHECK ONE)

☐

Without modification (factor = 1.00)

☐

With the following modification(s). (Cite the nature and percent modification,  
and attach support data and/or rationale for the modification.)

\_\_\_\_\_

\_\_\_\_\_

B. Loss cost Modification Expressed as a Factor

(i.e., -10% =  $1.00 - 0.10 = 0.90$  or +15% =  $1.00 + 0.15 = 1.15$ )

\_\_\_\_\_

**NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3 - 7 BELOW.**

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

A. Commission & Brokerage

B. Other Acquisition

C. General Expense

D. Taxes, Licenses & Fees

E. Underwriting Profit & Contingencies

F. Investment Income Offset

G. Other (explain)

H. TOTAL

### Selected Provisions

	%
	%
	%
	%
	%
	%
	%
	%
	%

5. A. Expected Loss Ratio:  $ELR = 100\% - 3F =$

B. ELR in decimal form =

6. Company Formula Loss Cost Multiplier:  $(3B/5B) =$

7. Company Selected Loss Cost Multiplier =

Explain any differences between 6 and 7

\_\_\_\_\_

\_\_\_\_\_

8. Rate level change for the coverages to which this page applies

\_\_\_\_\_%



## Exhibit C.2

Company Name: \_\_\_\_\_  
NAIC Number: \_\_\_\_\_

1. Rating Service filing reference number (s): \_\_\_\_\_

2. Line, Subline, Coverage, Class, etc. - combination to which this page applies:

3. Loss Cost Modification

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:  
(CHECK ONE)

☐

Without modification (factor = 1.00)

☐

With the following modification(s). (Cite the nature and percent modification, and attach support data and/or rationale for the modification.)

\_\_\_\_\_  
\_\_\_\_\_

B. Loss cost Modification Expressed as a Factor

(i.e., -10% = 1.00 - 0.10 = 0.90 or +15% = 1.00 + 0.15 = 1.15)

\_\_\_\_\_

**NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3 - 7 BELOW.**

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions		
	Overall	Variable	Fixed
A. Commission & Brokerage	_____	_____	_____ %
B. Other Acquisition	_____	_____	_____ %
C. General Expense	_____	_____	_____ %
D. Taxes, Licenses & Fees	_____	_____	_____ %
E. Underwriting Profit & Contingencies	_____	_____	_____ %
F. Investment Income Offset	_____	_____	_____ %
G. Other (explain)	_____	_____	_____ %
H. TOTAL	_____	_____	_____ %

5. A. Expected Loss Ratio:  $ELR = 100\% - 3F =$

B. ELR in decimal form =

C. Variable Expected Loss Ratio (VELR =  $100\% - \text{Total Variable } 4H$ )

D. VELR expressed in decimal form ( $5C / 100$ )

6. Average prospective loss cost underlying this adoption filing:

7. A. Formula Expense Constant  $(((1.00/5B) - (1.00/5D)) \times 6]$

B. Formula Variable Loss Cost Multiplier ( $3C/5D$ )

8. A. Selected Expense Constant

B. Selected Variable Loss Cost Multiplier =

Explain any differences between 7 and 8

\_\_\_\_\_  
\_\_\_\_\_

8. Rate level change for the coverages to which this page applies \_\_\_\_\_ %

**LIRC Exhibit D.1 - Automobile  
Six-month rate**

Married Male (30 years old)  
No accident or tickets  
Principal operator  
Drives 1 year old model  
Ford Explorer, XLT, 6-cylinder SOHC

10/20/10 Liability Coverage  
Drives 30 miles roundtrip to work  
12,500 miles annually

<u>City</u>	<u>Present Premium</u>	<u>Proposed Premium</u>	<u>Change (+ or -)</u>	<u>Percent Change</u>
Alexandria				
Baton Rouge				
Lafayette				
Lake Charles				
Monroe				
New Orleans				
Shreveport				
Rural (Remainder of State)				
Indicated Increase				
Requested Increase				
Premium Increase				
Last Rate Revision				
Last Rate Increase				
Effective Date				

**LIRC Exhibit D.2 - Automobile  
Six-month rate**

**Married Female (30 years old)**

**No accident or tickets**

**Principal operator**

**Drives 1 year old model**

**Honda Accord, LX, 4-door sedan, 6-cylinder**

**10/20/10 Liability Coverage**

**Drives 10 miles roundtrip to work**

**7,500 miles annually**

<u>City</u>	<u>Present Premium</u>	<u>Proposed Premium</u>	<u>Change (+ or -)</u>	<u>Percent Change</u>
Alexandria				
Baton Rouge				
Lafayette				
Lake Charles				
Monroe				
New Orleans				
Shreveport				
Rural (Remainder of State)				
Indicated Increase				
Requested Increase				
Premium Increase				
Last Rate Revision				
Last Rate Increase				
Effective Date				

**LIRC Exhibit D.3 - Automobile  
Six-month rate**

Single Male (18 years old)  
Two at-fault accidents  
Principal operator  
Drives 3 year old model  
Ford 150 Pickup, 2-door; extended cab, V8

10/20/10 Liability Coverage  
Drives 20 miles roundtrip to work  
12,500 miles annually  
Non-Student  
Licensed 3 years, completed drivers ed.

<u>City</u>	<u>Present Premium</u>	<u>Proposed Premium</u>	<u>Change (+ or -)</u>	<u>Percent Change</u>
Alexandria				
Baton Rouge				
Lafayette				
Lake Charles				
Monroe				
New Orleans				
Shreveport				
Rural (Remainder of State)				
Indicated Increase				
Requested Increase				
Premium Increase				
Last Rate Revision				
Last Rate Increase				
Effective Date				

**LIRC Exhibit D.4 - Automobile  
Six-month rate**

Single Female (20 years old)	10/20/10 Liability Coverage
One at-fault accident	Drives 20 miles roundtrip to work
Principal operator	10,000 miles annually
Drives 2 year old model	Non-Student
Pontiac Grand Am, SE, 2-door coupe, 4-cylinder	Licensed 4 years, completed drivers ed.

<u>City</u>	<u>Present Premium</u>	<u>Proposed Premium</u>	<u>Change (+ or -)</u>	<u>Percent Change</u>
Alexandria				
Baton Rouge				
Lafayette				
Lake Charles				
Monroe				
New Orleans				
Shreveport				
Rural (Remainder of State)				
Indicated Increase				
Requested Increase				
Premium Increase				
Last Rate Revision				
Last Rate Increase				
Effective Date				

**LIRC Exhibit D.5 - Automobile  
Six-month rate**

Married Male (65 years old)  
No accident or tickets  
Principal operator  
Drives 7 year old model  
Plymouth Acclaim, 4-door, 6-cylinder

10/20/10 Liability Coverage  
Pleasure use  
5,000 miles annually

<u>City</u>	<u>Present Premium</u>	<u>Proposed Premium</u>	<u>Change (+ or -)</u>	<u>Percent Change</u>
Alexandria				
Baton Rouge				
Lafayette				
Lake Charles				
Monroe				
New Orleans				
Shreveport				
Rural (Remainder of State)				
Indicated Increase				
Requested Increase				
Premium Increase				
Last Rate Revision				
Last Rate Increase				
Effective Date				

**LIRC Exhibit D.6 - Automobile  
Six-month rate**

Married Female (58 years old)  
No accident or tickets  
Principal operator  
Drives current year model  
Buick LeSabre, 4-door sedan, 6-cylinder

10/20/10 Liability Coverage  
Pleasure use  
7,500 miles annually

<u>City</u>	<u>Present Premium</u>	<u>Proposed Premium</u>	<u>Change (+ or -)</u>	<u>Percent Change</u>
Alexandria				
Baton Rouge				
Lafayette				
Lake Charles				
Monroe				
New Orleans				
Shreveport				
Rural (Remainder of State)				
Indicated Increase				
Requested Increase				
Premium Increase				
Last Rate Revision				
Last Rate Increase				
Effective Date				

**LIRC Exhibit D.7 - Automobile  
Six-month rate**

Single Female with dependent (48 years old)  
No accident or tickets  
Principal operator  
Drives 30 miles roundtrip to work  
12,500 miles annually  
Drives 3 year old model  
Toyota Camry LE, 4-door sedan, 4-cylinder

10/20/10 Liability Coverage  
Daughter (16 years old)  
Occasional operator - no accidents or tickets  
Licensed less than 1 year  
Student with 3.5 grade point average  
Completed driver's education

<u>City</u>	<u>Present Premium</u>	<u>Proposed Premium</u>	<u>Change (+ or -)</u>	<u>Percent Change</u>
Alexandria				
Baton Rouge				
Lafayette				
Lake Charles				
Monroe				
New Orleans				
Shreveport				
Rural (Remainder of State)				
Indicated Increase				
Requested Increase				
Premium Increase				
Last Rate Revision				
Last Rate Increase				
Effective Date				



**LIRC Exhibit E.1 - Homeowners  
Annual rate**

**Frame Construction  
\$60,000 Coverage A  
50-year old dwelling  
\$500 Deductible**

**Deadbolt locks on all doors  
No significant remodeling  
Smoke Detectors**

<u>City</u>	<u>Present Premium</u>	<u>Proposed Premium</u>	<u>Change (+ or -)</u>	<u>Percent Change</u>
Alexandria				
Baton Rouge				
Lafayette				
Lake Charles				
Monroe				
New Orleans				
Shreveport				
Rural (Remainder of State)				
Indicated Increase				
Requested Increase				
Premium Increase				
Last Rate Revision				
Last Rate Increase				
Effective Date				

**LIRC Exhibit E.2 - Homeowners  
Annual rate**

**Frame Construction  
\$75,000 Coverage A  
25-year old dwelling  
\$500 Deductible**

**Deadbolt locks on all doors  
No significant remodeling  
Smoke Detectors**

<u>City</u>	<u>Present Premium</u>	<u>Proposed Premium</u>	<u>Change (+ or -)</u>	<u>Percent Change</u>
Alexandria				
Baton Rouge				
Lafayette				
Lake Charles				
Monroe				
New Orleans				
Shreveport				
Rural (Remainder of State)				
Indicated Increase				
Requested Increase				
Premium Increase				
Last Rate Revision				
Last Rate Increase				
Effective Date				

**LIRC Exhibit E.3 - Homeowners  
Annual rate**

**Frame Construction  
\$100,000 Coverage A  
15-year old dwelling  
\$500 Deductible**

**Deadbolt locks on all doors  
No significant remodeling  
Smoke Detectors**

<u>City</u>	<u>Present Premium</u>	<u>Proposed Premium</u>	<u>Change (+ or -)</u>	<u>Percent Change</u>
Alexandria				
Baton Rouge				
Lafayette				
Lake Charles				
Monroe				
New Orleans				
Shreveport				
Rural (Remainder of State)				
Indicated Increase				
Requested Increase				
Premium Increase				
Last Rate Revision				
Last Rate Increase				
Effective Date				

**LIRC Exhibit E.4 - Homeowners  
Annual rate**

**Brick Construction  
\$125,000 Coverage A  
10-year old dwelling  
\$500 Deductible**

**Deadbolt locks on all doors  
Has not been remodeled  
Smoke Detectors**

<u>City</u>	<u>Present Premium</u>	<u>Proposed Premium</u>	<u>Change (+ or -)</u>	<u>Percent Change</u>
Alexandria				
Baton Rouge				
Lafayette				
Lake Charles				
Monroe				
New Orleans				
Shreveport				
Rural (Remainder of State)				
Indicated Increase				
Requested Increase				
Premium Increase				
Last Rate Revision				
Last Rate Increase				
Effective Date				

**LIRC Exhibit E.5 - Homeowners**  
**Annual rate**

**Brick Construction**  
**\$150,000 Coverage A**  
**5-year old dwelling**  
**\$500 Deductible**

**Deadbolt locks on all doors**  
**Smoke Detectors**

<u>City</u>	<u>Present Premium</u>	<u>Proposed Premium</u>	<u>Change (+ or -)</u>	<u>Percent Change</u>
Alexandria				
Baton Rouge				
Lafayette				
Lake Charles				
Monroe				
New Orleans				
Shreveport				
Rural (Remainder of State)				
Indicated Increase				
Requested Increase				
Premium Increase				
Last Rate Revision				
Last Rate Increase				
Effective Date				

**LIRC Exhibit E.6 - Homeowners  
Annual rate**

**Brick Construction  
\$200,000 Coverage A  
Less than year old  
\$500 Deductible**

**Deadbolt locks on all doors  
Smoke Detectors**

<u>City</u>	<u>Present Premium</u>	<u>Proposed Premium</u>	<u>Change (+ or -)</u>	<u>Percent Change</u>
Alexandria				
Baton Rouge				
Lafayette				
Lake Charles				
Monroe				
New Orleans				
Shreveport				
Rural (Remainder of State)				
Indicated Increase				
Requested Increase				
Premium Increase				
Last Rate Revision				
Last Rate Increase				
Effective Date				

**EXHIBIT F**  
**LOUISIANA INSURANCE RATING COMMISSION**  
**LOUISIANA**

Filed Line of Business: \_\_\_\_\_

**DIRECT BUSINESS UNDERLYING FILING**  
**ALL FILING COMPANIES COMBINED**  
**ALL COVERAGES COMBINED**

Calendar Year	Written Premium (A)	Earned Premium (B)	Loss Incurred (C)	ALAE Incurred (D)	ULAE Incurred (E)	Total Loss & LAE Incurred (F)	Commission & Brokerage Incurred (G)	Other Acquisition Incurred (H)	General Incurred (I)	Taxes, Licenses, and Fees Incurred (J)	Total Underwriting Expense Incurred (K)	Dividends to Policyholders (L)	Other Income Less Other Expenses (M)	Underwriting Gain (Loss) (N)	Investment Gain on Funds (O)	Overall Gain (Loss) (P)
Current Year	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Current Year -1																
Current Year -2																
Current Year -3																
Current Year -4																
Current Year -5																
Current Year -6																
Current Year -7																
Current Year -8																
Current Year -9																
10-Year Totals																

Calendar Year	Loss Incurred (1)	ALAE Incurred (2)	ULAE Incurred (3)	Total Loss & LAE Incurred (4)	Commission & Brokerage Incurred (5)	Other Acquisition Incurred (6)	General Incurred (7)	Taxes, Licenses, and Fees Incurred (8)	Total Underwriting Expense Incurred (9)	Dividends to Policyholders (10)	Other Income Less Other Expenses (11)	Underwriting Gain (Loss) (12)	Investment Gain on Funds (13)	Overall Gain (Loss) (14)
Current Year	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Current Year -1														
Current Year -2														
Current Year -3														
Current Year -4														
Current Year -5														
Current Year -6														
Current Year -7														
Current Year -8														
Current Year -9														
10-Year Totals														

NOTES: The experience in these tables is Louisiana only. This experience is as contained in the Insurance Expense Exhibits (IEE) allocated to this filed line for Louisiana.

Column	Source of Louisiana Experience	Column	Source of Louisiana Experience	Column	Source of Louisiana Experience
A	IEE, Part III, Column 1	F	C+D+E	K	G+H+I+J
B	IEE, Part III, Column 3	G	IEE, Part III, Column 23	L	IEE, Part III, Column 5
C	IEE, Part III, Column 7	H	IEE, Part III, Column 27	M	IEE, Part III, Column 31
D	IEE, Part III, Column 9	I	IEE, Part III, Column 29	N	B-F-K-L+M
E	IEE, Part III, Column 11	J	IEE, Part III, Column 25	O	IEE, Part II, Column 35+39

Column	Source of Louisiana Experience
P	N+O

Columns 1 - 4, 10, 11, 13 and 14 are respective dollars divided by earned premiums (B) times 100, rounded to a tenth of a percent.

Columns 5 - 9 are respective dollars divided by written premium (A) times 100, rounded to a tenth of a percent.

These references are appropriate for the 2001 annual statement and IEE (Insurance Expense Exhibit).  
Some of the years displayed in this exhibit will require different references from the annual statement/IEE.

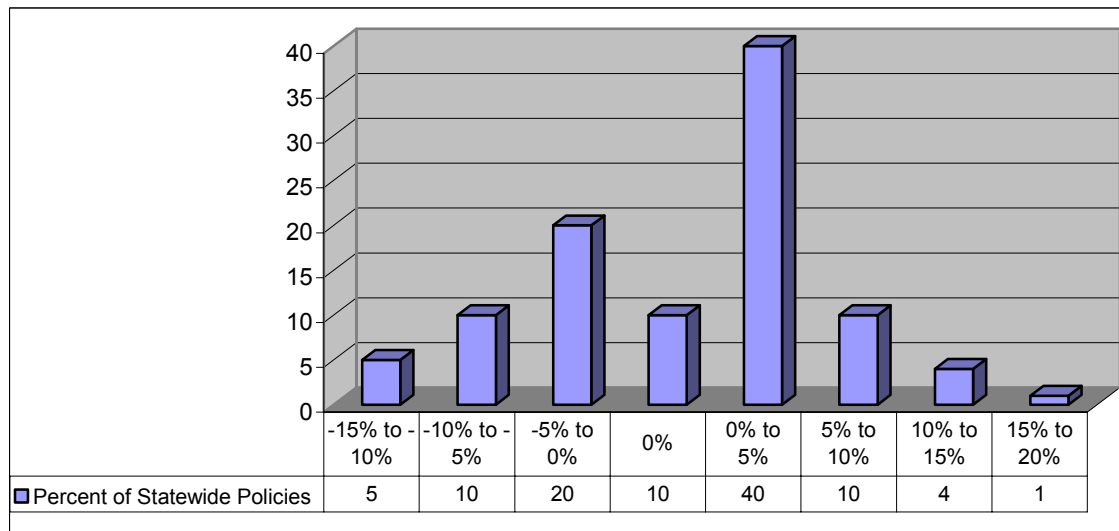
REVISED February 2003

## Exhibit H

### Louisiana Rate Revision Questionnaire

For private passenger automobile, homeowner, and medical malpractice insurance, the LIRC requests that the following information be provided.

1. Provide a histogram depicting the percentage (%) of policyholders statewide that will receive a rate change by 5-point increments. A sample is provided below. If you are unable to provide an exact distribution of policyholders by increment, then an estimate will be acceptable.



2. Please provide a brief description of the risks that are at or near the maximum estimated rate change.
3. What is the number of policyholders at the statewide minimum and maximum percentage rate change?



## **Exhibit I**

### **Louisiana Territorial Revision Questionnaire**

1. What is the minimum, average, and maximum expected rate change by territory?
2. Provide a copy of the proposed territory definitions (provide current definitions, if no changes are being proposed).
3. Under the proposed filing, will an existing territory be split into one or more other territories or deleted?
  - a. What is the expected rate impact on a policyholder due solely to the territory split or deletion?
  - b. How many policyholders will be affected by the territory split or deletion?
  - c. Will you notify the policyholder that the territory has changed? Are they also informed that this change may or may not affect their premium? If so, when and how is the policyholder notified?

## **Exhibit J**

### **Louisiana Medical Malpractice Questionnaire**

1. What is the minimum, average, and maximum expected rate change by your company's rating group definitions.
2. Under the proposed filing, will an existing rating group be split into one or more other rating groups or deleted?

If your answer is "yes", explain what happens to existing policyholders (in the old rating group) when they are moved to new rating groups.

3. If any policyholder's rate is affected by the proposed filing, is the policyholder notified of the rate impact the filing will have?

If your answer is "yes", when and how is the policyholder notified?